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**REQUEST FOR WITHDRAWAL
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Application Number	10/549.606
Filing Date	09/20/2005
First Named Inventor	Ralf Hilfrich
Art Unit	
Examiner Name	
Attorney Docket Number	03/028 Virofem

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **38263**

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<input checked="" type="checkbox"/> Firm or Individual Name	ProPat, LLC		
Address	425-C South Sharon Amity Road		
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Signature	<i>Cathy R. Moore</i>		
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Date	08/24/2006	Telephone No.	704-365-4881

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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